

11/16/01

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PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

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A) Re

REISSUE PATENT APPLICATION TRANSMITTAL

<p>Address to:</p> <p>Assistant Commissioner for Patents Box Reissue Washington, DC 20231</p>	Attorney Docket No.	501,32049RV1																			
	First Named Inventor	Yujiro KAJIHARA																			
	Original Patent Number	5,637,913																			
	Original Patent Issue Date (Month/Day/Year)	10 June 1997																			
	Express Mail Label No.																				
APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent (Check applicable box)																					
<table border="1"> <tr> <td colspan="2">APPLICATION ELEMENTS (37 CFR 1.173)</td> <td>ACCOMPANYING APPLICATION PARTS</td> </tr> <tr> <td>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)</td> <td>7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).</td> </tr> <tr> <td>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</td> <td>8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)</td> </tr> <tr> <td>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)</td> <td>9. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)</td> </tr> <tr> <td>4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</td> <td>10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)</td> <td>11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</td> </tr> <tr> <td>6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))</td> <td>12. <input checked="" type="checkbox"/> Preliminary Amendment</td> </tr> <tr> <td><input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)</td> <td>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (PTO/SB/96)</td> <td>14. Other: Form PTO-2038.....</td> </tr> </table>			APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).	2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	9. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	12. <input checked="" type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney (PTO/SB/96)	14. Other: Form PTO-2038.....
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15. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	020457	<input type="checkbox"/> Correspondence address below			
(Insert Customer No. or Attach bar code label here)					
Name	Paul J. Skwierawski ANTONELLI, TERRY, STOUT & KRAUS, LLP				
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NAME (Print/Type)	Paul J. Skwierawski	Registration No. (Attorney/Agent)	32,173
Signature		Date	16 November 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
501.32049VR1

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 14	Total Claims (37 CFR 1.16(j))	(B) 11	**** 0 =	x \$ ____ =		or	x \$ 18 = 0
(C) 4	Independent claims (37 CFR 1.16(l))	(D) 4	* 0 =	x \$ ____ =			x \$ 84 = 0
				Basic Fee (37 CFR 1.16(h))	\$ _____		\$ 740
				Total Filing Fee	\$ _____	OR	\$ 740

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(l))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee					\$ _____		OR	\$ _____

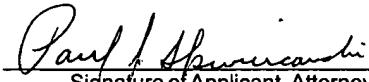
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 01-2135.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ _____ to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**November 16, 2001
Date

Signature of Applicant, Attorney or Agent of Record

Paul J. Skwierawski, Reg. No. 32,173
Typed or printed name